


EXHIBIT 2

RECEIVED
BELMONT POLICE DEPT.

2016 FEB -8 AM 9:19

**Belmont Police Department
Town of Belmont**

**Medical Information Release Authorization
Short Form**

I , hereby authorize and request the release and delivery of all of my medical treatment notes, records, files, diagnoses, prognoses, reports, and such other similar or related information related to my injury or illness designated below, to my self-insured employer, or my self-insured employer's designated representative, including the release of any medical capabilities assessment/fitness for duty report so requested by my self-insured employer.

INJURY OR ILLNESS INVOLVED: (Describe)

This release of medical information is good and valid until or unless it is rescinded in writing by me. A copy of this release and my signature upon it is as valid as an original signature.

Date: 2/5/16

Signature 